

MC 223 Essential Entries

The MC 223 must include the following items that are essential in the disability evaluation process:



Part I - Personal Information

BOX	CONTENT
1a	Enter the applicant's first, middle and last name.
1b	Enter applicant's SSN. Only a verified SSN is to be entered. Otherwise, it should be left blank and the box for pending or none should be checked.
1c	Enter applicant's date of birth.
1d	Enter applicant's entire known alias(es).
1e	Indicate sex.
1f-g	Enter applicant's height in feet and inches and weight in pounds.
2a-b	Enter applicant's address or residence and where correspondence can be mailed if mail cannot be sent to place of residence.
3	Enter applicant's telephone number or message number and indicate if a message number or if client has no number. Indicate if there is a best time to call during normal work hours.
4a-d	Indicate if applicant speaks English; if not, give interpreter's name and telephone number.

Part II - Medical Information

BOX	CONTENT
5a-d	Indicate if applicant applied for SSA within the past two years.
6	Indicate what medical condition prevents work activity or limits activities of daily living, including treated and untreated conditions. Attach additional pages if needed.
7-8	Enter complete name(s), address (es) and telephone(s) numbers of any hospital or clinic where treatment was received. Include patient, clinic or member numbers when applicable. Note: If an applicant is unable to provide address and address cannot be obtained despite diligent efforts, clearly state this in the address line so DDSD will know it was not inadvertently omitted.
9	Enter complete name(s), address (es) and telephone(s) numbers of doctors seen outside of the hospitals or clinics listed in boxes 7-8.
10	Enter all testing performed. If purpose or name of test is unknown, enter "Unknown test" in other and enter name and address of test facility and date.
12	List third party sources who know applicant well.
13	Indicate whether applicant is willing to attend a consultative medical examination paid for by DDSD.



MC 223 Essential Entries

Part III Social Information

BOX	CONTENT
14	Indicate what applicant does on a day-to-day basis and how daily activities are affected by client's condition(s).
15a	Indicate highest grade completed. Indicate if applicant passed GED.
15b	Indicate when client finished school or when GED was completed.
15c	Indicate if client participated in special education classes.
16	Indicate employment within last 15 years.

Part IV - Work History

BOX	CONTENT
17	<p>If work was performed during the past 15 years, complete box 17 by entering job title and dates worked. Provide job description. If more than two jobs were performed in the last 15 years, give applicant extra copies of Box 17 to complete.</p> <p>What to include in job description:</p> <ul style="list-style-type: none"> • Types of tools, machines or equipment used. • Whether writing or supervisory duties were involved. • Frequency and weight of lifting involved. • Hours spent sitting, standing or walking. • Requirements, such as climbing or bending. • Description of alterations made to job functions to accommodate impairments, such as special equipment or changes in duties. • Whether the client's condition(s) made it necessary to stop working and, if so, when this occurred.



Enter proper signature and current date.



Part V Signature & Certifications